24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULI	E E)	PAGE 1 OF 4 FOR SE OF FORM 24/48
NAME OF CO	MMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO	SUPERPAC	C C00507517
Check If	24-hour report	M = M / D = D / Y = Y = Y
	(Last, First, Middle Initial) of Payee Pagle Date	e M M / D D / Y Y Y Y
Mailing A	Idress 22 Clover Lane	08 01 2012
City Wayne	State Zip Code PA 19087	1062.50 saction ID : SE.7106
Purpose of Payroll	f Expenditure Category/ Type Office Soug	ught: House State: PA Senate District: 08
	Federal Candidate Supported or Opposed by Expenditure: . G. FITZPATRICK Check One	President Support Oppose
Cale	ndar Year-To-Date Per Election for Office Sought Disburseme 2012	nent For: Primary General Other (specify)
Full Name Michae	(Last, First, Middle Initial) of Payee I Eagle	e 08 14 2012
Mailing A	Idress 22 Clover Lane Amor	
City Wayne	State Zip Code PA 19087 Trans	1062.50 saction ID : SE.7110
Payroll	f Expenditure Category/ Type Office South	Senate District: 08 President
	Federal Candidate Supported or Opposed by Expenditure: . G. FITZPATRICK Check One	
Cal	endar Year-To-Date Per Election for Office Sought Disburseme 2012	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL	Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Signatu	Becky Bond [Electronically Filed] Date 08	16 2012
Signatu	-	

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